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INTELLECTUAL PROPERTY LAW

To:	U.S. Patent & Trademark Office	From:	Anton J. Hopen
Attn:	Thomas M. Lithgow - Art Unit 1724	Client:	1321.28
Fax:	(703) 872-9310	Pages:	21 including coversheet
Phone:	(703) 308-0173	Date:	October 9, 2002
Re:	USSN 09/681,907	CC:	Agrimond, LLC
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Docket No. 1321.28

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

ALFREDO J. TERAN ET AL.

Serial No.: 09/681,907

Art Unit: 1724

Filed: 06/22/2001

Examiner: Lithgow, T.M.

For: Method For Treating Dye Wastewater

Faxed to Technology Center 1700 at (703) 872-9310
Box Fee Amendment
Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM

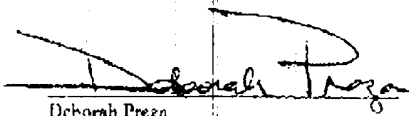
3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that an extension of term is required. Petition And Fee For Extension of Time is attached hereto.

CERTIFICATE OF FACSIMILE TRANSMISSION

(37 C.F.R. 1.8)

I HEREBY CERTIFY that this Amendment B is being transmitted by facsimile to the U.S. Patent and Trademark Office, Technology Center 1700, Art Unit 1724, Attn: Examiner Thomas M. Lithgow, (703) 872-9310 on October 9, 2002

Dated: October 9, 2002


Deborah Preza

(Amendment Transmittal--page 1)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	15	Minus	20	= 10	x \$9 =	\$90.00
Indep.	2	Minus	5	= 0	x \$39 =	\$0
First Presentation of Multiple Dependent Claim					+ \$130 =	\$0
Total						Addit. Fee \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.
 If any additional fee for claims is required, charge Deposit Account No. 500745.


 SIGNATURE OF PRACTITIONER

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(Amendment Transmittal—page 2)